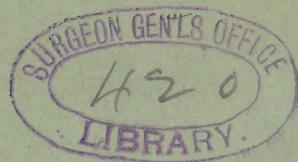


Brokaw. (A. V. L.)

A UNIQUE CASE OF STAB WOUND
OF THORAX AND ABDOMEN
—RECOVERY.

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BY A. V. L. BROKAW, M.D.,
ST. LOUIS, MO.

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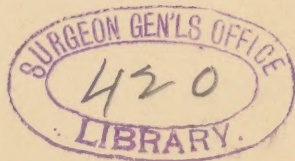
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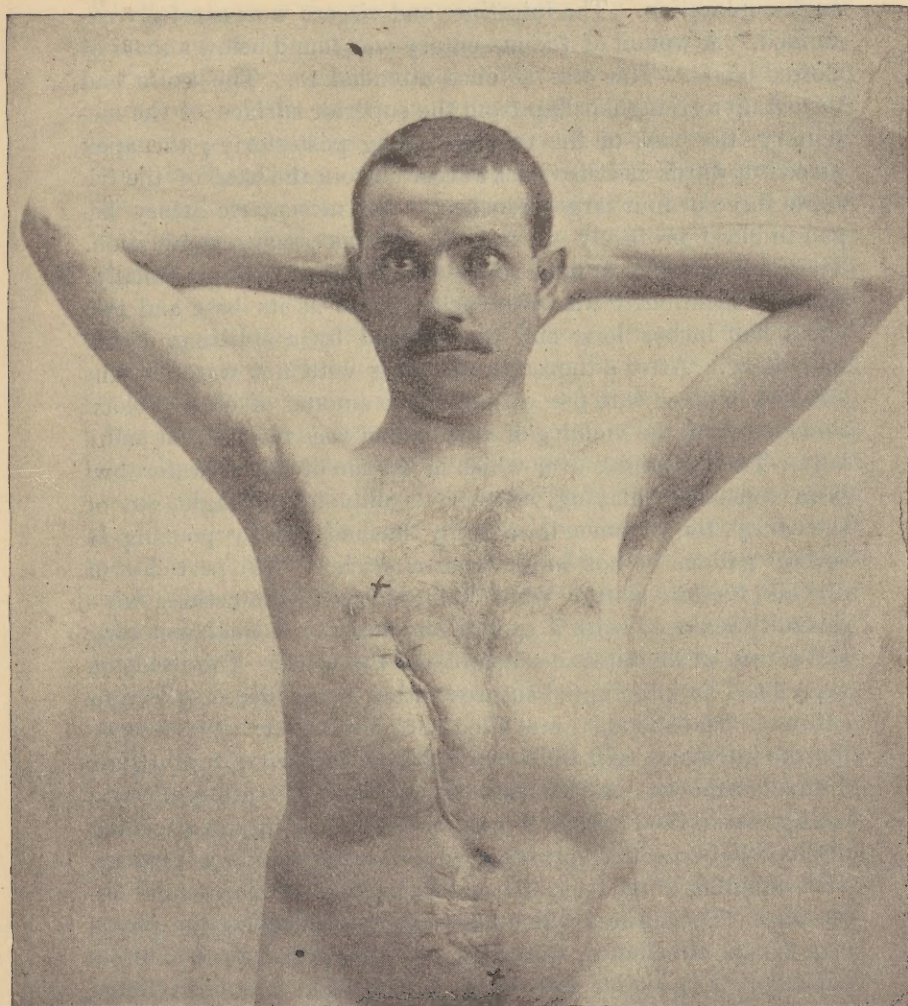
BY A. V. L. BROKAW, M.D., ST. LOUIS, MO.

*Demonstrator of Anatomy and Surgery, Medical College, Junior Surgeon to
St. John's Hospital.*

The literature of but a few years back is filled with the fatal results of penetrating stab wounds, while that of to-day shows a most marked improvement in the mortality of such cases. It is my pleasure to place on record a successful result in one of the most extensive stab wounds probably ever met with. We meet with cases of simple penetrating wounds frequently, but I find no record of a wound similar to that to be described. Extensive wounds are constantly inflicted by the surgeon with the deliberate intent of relieving mankind of some unfortunate condition. We read of lines of incision limited only by the boundaries of the cavity; lines made with a definite purpose, such as



the search for intestinal shot wounds, hemorrhage from certain viscera injured by bullets in transit, removal of malignant and other growths, etc. Such surgically inflicted wounds are made with due respect to anatomical detail. The wound we are to describe, was made with a butcher knife by a madman in the heat of passion and frenzy, with the definite purpose of killing his unarmed victim. The treatment of this case was governed entirely by the indications, not by precedent. The history of the case I have to record is as follows: Thos. Barry, age 26, shipping clerk, while engaged in a general fight, received two stab wounds, one on the right side extending from the third rib at the costo-cartilaginous junction and severing completely the cartilages of the 4th, 5th, 6th, 7th, 8th and 9th ribs, wounding the lung, and completely severing all the muscular and cartilaginous structures. The thoracic wound extended from the third rib to within an inch of the navel. The abdominal wound began a little to the right of the navel and extended to within two inches of Poupart's ligament on the left side, the wound having a curved direction, the convexity being directed to the right. The length of the thoracic wound was a fraction less than thirteen and a half inches, the abdominal wound, a fraction over six and a half inches with almost complete (intestinal) evisceration. The patient was found by me, lying upon the floor of a neighboring drug-store, where he had been carried by friends. The physician attending him had superficially sutured the thoracic wound before I arrived. We hurriedly replaced the exposed intestines within the abdomen and advised immediate removal to the hospital. The patient was in a condition of profound collapse. Very profuse hemorrhage had been going on, but was fairly well checked for the time, and the breathing was very much embarrassed. No antiseptic precautions had been employed and the mass of intestines was in anything but a satisfactory condition, after their exposure and trailing over a dirty floor. The attendant closed the abdomen, and an ambulance in waiting, hurried the patient to St. John's Hospital, where he arrived an hour and a half after the cutting. With the assistance of Drs. Mooney and Newman the patient was immediately prepared for proper surgical attention, by removing all clothing and wrapping the



THOS. BARRY.

patient's extremities in warm blankets. The thorax and abdomen were thoroughly cleansed and shaved. The abdominal sutures were at once removed. The wound admitted of a thorough exploration. The intestines and viscera were carefully examined. A wound of the mesentery was found below a mass of clotted blood. This was at once attended to. The knife had turned up a triangular flap from the superior surface of the mesentery, the base of the triangle being posteriorly; the apex turned upwards and also backwards. From the base of the triangle three or four large branches of the mesenteric artery began to bleed profusely on making the necessary examination. These vessels were at once secured both distally and proximally. The flap mentioned was two inches broad at its base and two and a half inches long and was formed by a splitting of the mesentery. After a thorough cleansing with hot water, it was stitched in place with fine catgut. The amount of clotted blood removed from the vicinity of this wound was fully a pint and a half. The intestines, over which a stream of warm water had been constantly playing, were now completely brought out of the cavity, the abdomen thoroughly flushed out by pouring in several gallons of hot water from a pitcher. All particles of dirt and foreign matter which adhered to the intestines, were carefully removed with a sponge and fingers; a final douching and return of the intestines completed the work. The abdomen was closed by interrupted sutures with a few added deep catgut sutures. The abdomen was filled with hot water, after returning the intestines, and before complete closure, a large size glass drainage tube was carried into the pelvis. My attention was next given to the thoracic wound, pressure causing great oozing of blood between the sutures. Some emphysema was present, with bubbling of air from the middle portion of the wound especially. The sutures which had been introduced by the physician first in attendance, were cut, and the wound opened in its entirety. A peculiar movement and friction had been noted from the first. On turning out the mass of clots it was found that all the cartilages, from the fourth to the ninth inclusive, had been entirely cut through. On examination, the lung was found partially collapsed, and a small wound near the anterior margin

was present. The parts were hastily cleansed, and I at once determined on the unique procedure of suturing the cartilages together. In the absence of silver wire I used heavy pedicle silk, which answered the purpose admirably. Each cartilage from the fourth to the ninth, was thus sutured; a single suture for each cartilage. This procedure effectually arrested the sawing movement of the cartilages with each respiratory effort. All hemorrhage was checked by ligature and gauge packing. The lung, as stated, was not completely collapsed. There seemed to be old adhesions laterally. Strips of iodoform gauge two inches wide were packed between the ribs in the intercostal, or more properly, the interchondral spaces, the ends extending between integumental sutures. The soft parts, owing to the unfavorable condition of the patient, were coaptated hurriedly without special effort at surgical nicety. In placing the sutures, as much of the underlying muscular structures as possible, was included. The patient's immediate condition seemed to be improved for a time by the hot water flushing of the abdomen, but for fear that he might die on the table, I hurried him to bed, after applying a heavy dressing of sterilized gauze and sublimate cotton, held in place by a broad binder of sheeting. Hot bottles were placed about the patient, the foot of the bed elevated and nitro-glycerine and whisky given hypodermically. The pulse was very feeble, fluttering in character, the respiration embarrassed and unlike anything I have ever witnessed. The patient was kept under the anæsthetic but forty-two minutes, every effort being made to complete the work as rapidly as possible, the greater part of the time being spent on the abdominal toilette. In a few hours he rallied thoroughly, and aside from the great thirst, the result of loss of blood, was in a very favorable condition. A remarkable fact connected with this case, is shown by the temperature record. A most careful note was made by the Sister of Mercy, who attended the patient constantly: July 6th, at 7 A. M., temperature (mouth) 100 2-5, pulse 124; at 4 P. M., temperature 99 1-5, pulse 120; at 9 p. m., temperature 99 1-5, pulse 116.

3

July	7th.	1	A. M.	Temperature, 99 2-5,	pulse, 116 ;
"	7th.	4	"	" 99 1-5,	" 120 ;
"	7th.	8	"	" 99 1-5,	" 118 ;
"	7th.	12	"	" 99 2-5,	" 116 ;
"	7th.	4	P. M.	" 99 2-5,	" 118 ;
"	7th.	8	"	" 99 1-5,	" 120 ;
"	8th.	7	A. M.	" 99 1-5,	" 114 ;
"	8th.	8	P. M.	" 98 4-5,	" 108 ;
"	9th.	7	A. M.	" 99,	" 102 ;
"	9th.	7	P. M.	" 99 1-5,	" 102 ;
"	10th.	7	A. M.	" 99 2-5,	" 90 ;
"	10th.	7	P. M.	" 99 3-5,	" 92 ;
"	11th.	7	A. M.	" 99 1-4,	" 84 ;
"	11th.	9	P. M.	" 98 4-5,	" 86 ;
"	12th.	8	A. M.	" 98 1-5,	" 84 ;
"	12th.	8	P. M.	" 99,	" 80 ;
"	13th.	8	A. M.	" 98 3-5,	" 90 ;
"	13th.	8	P. M.	" 99 3-5,	" 90 ;
"	14th.	8	A. M.	" 98 3-5,	" 80 ;
"	14th.	8	P. M.	" 99 1-5,	" 84 ;
"	15th.	10:30	A. M.	" 98 3-5,	" 78 ;
"	15th.	8:15	P. M.	" 98 4-5,	" 78.

Aside from the temperature here noted (it was taken several times during each day), at no time did it rise above the point noted on the morning of July 6th, 100 2-5. The dressings were most carefully attended to, the gauze tampon removed for the first time on the 9th of July under the strictest aseptic precautions, and dressings were changed every third day from then on. At no time was there any discharge of an unhealthy character from the thoracic wound, the bubbling of air at one point above the middle of this wound was present on removing the dressings until the 14th of July. The cartilage sutures were left in situ for over a month, one being left in place until August 12th. For the relief of pain which the patient complained, no opiates were given, but as a substitute antikamnia was administered in 10 grain doses, with excellent effect. The abdominal drainage tube discharged freely for six days, when a small rubber tube was substituted. Several small stitch hole

abscesses developed, but immediate removal of the stitches had the effect of cutting off any activity of an inflammatory nature on their part. The convalescence of this patient to me was a matter of the greatest interest, for from the character of the wounds it seemed marvelous that so little disturbance should result. Numerous theories have been advanced to explain why complete collapse of the lung did not follow the opening of the chest cavity. I can only explain this fact by the presence of old pleuritic adhesions and the very large opening present in the thoracic walls. The patient was discharged from the hospital August 12th, and the only ill effect to be noticed is the presence of a ventral hernia, which at this writing does not seem to be increasing. The abdomen was carefully strapped for some weeks after leaving the hospital, but did not prevent the slight hernial protrusion. At present he is wearing an abdominal supporter, and resumed his work in a large packing house. The photograph of this case was taken recently, long after convalescence was complete, and does not show the extent of the recent wound by any means, as contraction and cicatrization have taken place to a marked degree.

